

Ballot Approval

District: _____ Election Date: _____

PROOF READING CHECKLIST

PROOF READ FOR THE FOLLOWING:

- ___ All required races and issues appear on ballots received.
- ___ Correct **VOTE FOR** numbers in each heading.
- ___ Correct **TERM** for each position.
- ___ Correct spelling and wording in names and office headings.
- ___ Correct order of names in each office.
- ___ Correct number of write-in lines.

I certify that no corrections are needed to **MY PORTION OF THE BALLOT** and they have my full approval. I fully understand that any changes or corrections made to my ballots after this approval form has been returned are the financial responsibility of my district.

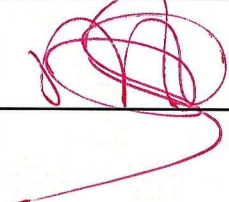
Check here if you agree to the terms above. Checking one gives:

FINAL APPROVAL, no corrections needed.
DO NOT CHECK IF THERE ARE CORRECTIONS NEEDED.
Type and or print name and date in fields below.

NO FINAL APPROVAL ISSUED, corrections needed.

Name : Marilyn Sanders

Date: 2-10-2026

Signature: 

CITY OF KANSAS CITY

QUESTION 1 (251029)
(CONTINUATION OF EARNINGS TAX)

Shall the earnings tax of 1%, imposed by the City of Kansas City, be continued for a period of five (5) years commencing January 1 immediately following the date of this election?

YES

NO